State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

## See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

	4		anifest ument No.			tion in the shaded areas equired by Federal law.	
		3. Generator's Name and Mailing Address PARA PLATE	<u> </u>	A. State Munifest Document Fumber			
	DESTRUCTOR	15910 SHOEMAKER AVE, CERRITOS, CA 90703			88681652 8. State Generalor's 2		
	No.	4. Generator's Phone (213) 404-3434  5. Transporter 1 Company Name  6. US EPA ID Number			C. State Transporter's ID 1/013(a)		
7550		OMEGA RECOVERY SERVICES CAD 042 245 001			D. Transporter's Phone 213 698-0991		
-852		7. Transporter 2 Company Name 8. US EPA ID Number E. State Transporter's					
-800	West Con-	9. Designated Facility Name and Site Address 10. US EPA ID Number G. State Facility's ID				and the second s	
1	2004254	OMEGA RECOVERY SERVICES					
8681652 WITHIN CALIFORNIA CALL 1-800-852-7550	SEC. (100)	12504 E. WHITTIER BLVD WHITTIER, CA 90602					
			12. Cont	ainers	13. Total Quantity	14. I. Unit Waste No.	
14 07 17 17 17		a. LTASTE: ORM-A N.O.S NA 1693	No.	Туре		Wt/Vol	
$\infty_{0}^{z}$	G	<sup>a.</sup> WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT)				Star 1,212 F0'01, F003	
8 E ≥ E ≥ E	E		0101	DM	010101315	G-F0'01', F003	
$\infty_{\ddot{g}}$	E R A	b				EPA/Other	
8 1 1-800-424-8802; W	0		11		1111	State	
100.4	R	c.				EPA/Other	
3.1-8				igsqcut		State	
CENTER	100	d.				EPA/Other	
THE NATIONAL RESPONSE CE			Ш	- L	indling Codes for V		
	THE OWNER.	J. Additional Descriptions for Materials Listed Above  8. Handling Codes for Wastes Listed Above a. D.					
RESP				c.		d. ;	
VAL							
ATIO		15. Special Handling Instructions and Additional Information					
고 무	900000	PROFILE NUMBER B 10016					
				-			
CALL	100000	16.  GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name generation. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name					
SPILL,	and are classified, packed, marked, and labeled, and are in all respects in proper condition to transport of ingritions.						
S S	2000	If I am a large quantity generator, I certify that I have a program in place to reduce the volum to be economically practicable and that I have selected the practicable method of treatment present and future threat to human health and the environment; OR, if I am a small quantity is the later to human health and the environment.	ne and toxic i, storage, or denerator, i	ty of wa disposi have ma	at currently available at currently available ade a good faith off	le to me which minimizes the fort to minimize my waste	
	ALCO DE	generation and select the best waste management method that is available to the and that i	can afford			Month Day Year	
EMERGENCY		Frank E. Hernandez Frank	E Al	OAN	on socia	1779/	
EME	<u> </u>	Frank E. Hernandez   7755011.  17. Trensporter 1 Acknowledgement of Receipt of Materials	- Line Section 1	- 10	0	No.	
A	RAN	Printed/Tyggd Name Signature	100		n ounds.	Month Day Year	
: OF	SPC	18. Transporter 2 Acknowledgement of Roceipt of Materials	<u> </u>	all markets and the second	and the state of t	C. C.	
CASE	ORT	Printed/Typed Name Signature				Month Day Year	
Z	E R	19. Discrepancy Indication Space	WHAT DECEMBER TO THE		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT		
	F						
	C						
	L I T	20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this mannest except as noted in the Cary Man.					
	Ÿ	Printed/Typed Name  N. TAY SOLOMON. Signature	1.0	cas .	Solomon	101/1/17/91/	
рн	5 8022	A (1/85)  Do Not Write Below This L	ine	A STATE OF THE PARTY OF THE PAR	-		

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